


REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE 1	OF 1 PAGES
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DENALI COMMISSION ALASKA		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 304-07		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST None	
6. EMPLOYER IDENTIFICATION NUMBER 92-0074247	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year) October 1, 2010 December 31, 2010			
9. RECIPIENT ORGANIZATION Name: City of Akutan, Mayor Joe Bereskin Number and Street: 3380 C Street, Suite 205 City, State: Anchorage, AK 99503 and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9) Name: City of Akutan Number and Street: 3380 C Street, Suite 205 City, State: Anchorage, AK 99503 and ZIP Code:			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays to date 3/31/2010		\$433,998.90			\$433,998.90
b. Less: Cumulative program income		\$0.00			\$0.00
c. Net program outlays (Line a minus line b)		\$433,998.90			\$433,998.90
d. Estimated net cash outlays for advance period		\$0.00			\$0.00
e. Total (Sum of lines c & d)		\$433,998.90			\$433,998.90
f. Non-Federal share of amount on line e		\$0.00			\$0.00
g. Federal share of amount on line e		\$433,998.90			\$433,998.90
h. Federal payments previously requested		\$293,938.57			\$293,938.57
i. Federal share now requested (Line g minus line h)		\$140,060.33			\$140,060.33
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal cash outlays that will be made during period covered by the advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL 		DATE REQUEST SUBMITTED	
		TYPED OR PRINTED NAME AND TITLE Hermann "Tuna" Scanlan, City Administrator		TELEPHONE (AREA CODE, NUMBER, EXTENSION) 907 274-7565	
This space for agency use					

I certify that, to the best of my knowledge, this bill has not been previously submitted and that program accomplishments will meet planned activities under this agreement. I have examined and certify that this request is correct for payment.